

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MAINE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

OFFICIAL

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

The Division of Licensing and Certification will investigate all complaints regarding health care facilities, agencies and services subject to its licensing and/or certification authority, evaluate whether or not the complaints are valid, and initiate whatever action is necessary.

Complaints are screened according to the following:

If the complaint alleges an **immediate threat** to the health and safety of the patients/clients, an investigation shall proceed within twenty-four (24) hours of receipt.

- 1. Patient abuse/neglect
- 2. Patient rights (serious violation)
- 3. Physical plant (i.e., no water/sewer, fire damage, no heat, etc.)
- 4. Food services (i.e., food poisoning)
- 5. Serious incidents and accidents
- 6. Threat of staff walkout (strikes)

If the complaint concerns a **past threat** to the health and safety (i.e., three weeks old or is nonspecific as to time of occurrence) an investigations shall be instituted within five (5) working days.

- 1. Any of the above
- 2. Misappropriation of resident property
- 3. Lack of professional or technical services
- 4. Inadequate patient care

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If the complaint does not concern a serious threat to the health and safety, the investigation will be initiated within thirty (30) days.

1. Administrative policies (visiting hours, admission rules, etc.)
2. Cleanliness
3. Financial (resident funds)
4. Food service (portions, choices, etc.)
5. Personnel dissatisfactions with working conditions
6. Quality of professional and technical services

If there is reason to believe that there is an immediate threat to the health and safety of patients/clients involved, the program manager will direct the investigation to begin prior to the receipt of a written complaint and regardless of the prepared work schedule.

Anonymous complaints (written or verbal) are pursued by whatever method is appropriate based on the information available.

Clerical staff are not responsible for handling complaints. Calls are referred to a professional.

Complaint investigations are unannounced. The name of the informant is not divulged without permission.

The investigation of a complaint is assigned to any member of the Division professional staff and depends on the nature of the complaint.

The investigation of alleged substandard care will cover not only the care given to the patients directly involved, but also the facility's patterns of care for all patients (in relation to the complaint). The facility files are reviewed for past complaints at a specific facility prior to the beginning of any complaint investigation.

If deficiencies are identified, a Statement of Deficiencies will be sent to the provider.

Public disclosure policies concerning confidentiality shall be followed when releasing information pertaining to complaint investigations.

The State Agency will record complaints on a Complaint Report Form (BMSLC-17) for Licensing and Certification providers and assign a control number. It will be filed in a looseleaf log book in Central Office, indexed separately by type of facility until the investigation is complete. Then it will be filed in the facility folder. A Form HCFA-562 will be completed as required. Data from the Form HCFA-562 will be entered into the OSCAR data base when the complaint investigation process is complete. Each District Office will keep an identical log book as well.

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A running log will be maintained in Central Office of all complaints for no less than five years. The log will be separated by Hospital, SNF, ICF/MR, Home Health Agency and Other.

The Health Services Supervisor and Central Office Program Managers are responsible for monitoring their respective complaint logs monthly.

Investigation of complaints and allegations against those hospitals accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathy Association shall be reported immediately to the Regional Office, HSQ, HCFS, in accordance with the State Operations Manual, and action taken, as appropriate.

In Central Office, complaints which cannot be filed in a facility folder will be maintained in a separate file labeled "Miscellaneous."

Requests for copies of complaint investigation material must be in writing and sent to the Director, Division of Licensing and Certification. Whenever copies are sent, a fee will be charged and all material will be sent from Central Office.

Quarterly statistical reports are compiled in Central Office.

The Program Managers and/or District Office Health Services Supervisors will determine if follow-up visits are required. The Program Managers will review all complaints and recommend to the Division Director any sanctions and any further action(s) required.